



VICTORIAN ALCOHOL AND DRUG ASSOCIATION

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SUBMISSION TO THE GREEN PAPER: *WHICH WAY  
HOME? A NEW APPROACH TO HOMELESSNESS*

June 2008

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## Introduction

The Victorian Alcohol and Drug Association (VAADA) congratulates the Federal Government for its commitment to addressing homelessness and would like to thank you for the opportunity to comment on the Green Paper *Which Way Home? A new approach to homelessness*. While each of the three proposed options for reform may have strengths and weaknesses, VAADA does not support any one single reform option. Rather, our submission provides some key points for consideration that may form part of a fourth option. As the peak body for alcohol and drug (AOD) services in Victoria, this submission focuses on the nexus between homelessness and drug use.

In particular, our submission emphasises the need for any homelessness response to recognise the needs of those experiencing alcohol and drug problems along with homelessness; improved policy coordination; improved collaboration between the AOD and homelessness sector and the need for more housing stock and better matching of housing stock to client need.

In formulating our response, VAADA has held discussions with a number of individual AOD workers and agencies. We have also held a discussion group with alcohol and drug service providers who work directly with clients experiencing homelessness and alcohol and drug issues.

While VAADA appreciates the need to address homelessness as a priority issue, it is disappointing that the consultation and submission writing process spanned only five weeks. The limited timeframe has constrained VAADA's ability to consult with a broad range of service providers and incorporate a wide range of expertise and knowledge from across the Victorian AOD sector. It also made it difficult for AOD services to release staff to attend our discussion group and for services to find the time to input into the submission process. We are particularly grateful to those individuals and agencies who were able to inform this submission.

## The Victorian Alcohol and Drug Association

VAADA is the peak body for AOD services in Victoria. We provide advocacy, leadership, information and representation on AOD issues both within and beyond the AOD sector.

VAADA's membership comprises agencies working in the AOD field, as well as those individuals who are involved in, or have a specific interest in, prevention, treatment, rehabilitation, or research that minimises the harms caused by alcohol and other drugs.

As a state-wide peak organisation, VAADA has a broad constituency. Our membership and stakeholders include 'drug specific' organisations, consumer advocacy organisations, hospitals, community health centres, primary health organisations, disability services, religious services, general youth services, local government and others, as well as interested individuals.



VAADA's Board is elected from the membership and comprises a range of expertise in the provision and management of alcohol and other drug services and related services.

As a peak organisation, VAADA's purpose is to ensure that the issues for both people experiencing the harms associated with alcohol and other drug use, and the organisations that support them, are well represented in policy, program development, and public discussion.

## Recognising the complex relationship between homelessness and alcohol and drug use

Alcohol and drug use is discussed throughout the Green Paper, yet the complexity of this relationship is largely overlooked. For instance, in section one of the Green Paper alcohol and drug use is not included in a list of common risk factors but instead is listed as one among a number of 'personal factors such as mental health issues...problem gambling, a history of physical or sexual abuse, limited life skills and poor financial literacy' that may exacerbate the risk of homelessness (Commonwealth of Australia 2008, p.24). Under the heading 'factors relating to causes of homelessness', alcoholism and substance abuse are categorised as individual issues and factors relating to the causes of homelessness. This categorisation ignores the broader environmental, structural and cultural factors that impact on drug use – or what is often referred to as the *social determinants* of alcohol and drug use (Spooner & Hetherington 2005).

The Green Paper states that the 'experience of homelessness can also lead people into substance abuse or trigger mental health issues' (Commonwealth of Australia 2008, p.15) but the nature of this relationship requires further attention. Homeless people often have multiple needs which can include mental health issues and problematic drug and alcohol use. For instance, according to information contained in the Victorian Department of Human Services *Because Mental Health Matters* document (2008):

- Half of all alcohol and drug clients have a mental health problem, most have depression and anxiety disorders;
- An estimated 30 per cent of all people who are homeless have a mental health problem;
- An estimated 50 per cent of all new adult clinical public mental health clients have co-occurring substance misuse problems (Victorian Department of Human Services 2008, p.89).

We need to be cautious when drawing conclusions about the causes, consequences and symptoms of homelessness, particularly when alcohol and drug use and mental illness are thrown into the mix. Researchers and practitioners on the ground are cognisant that 'explanations for the association between them, and understandings of the pathways into and out of both homelessness and drug use, are complex and rarely linear' (Hamilton 2001, p.4).

It is vital to understand the complexity of this relationship to get the right mix of policy and programs for people who are experiencing what Professor Margaret Hamilton labels



'the double jeopardy' of drug use and homelessness (Hamilton 2001). This picture becomes even more complex when we consider the significant numbers of people with experiencing homelessness who also experience problematic drug use alongside mental health concerns.

The Green Paper focuses on the work of the homelessness service sector and in particular SAAP while largely ignoring the work of other sectors such as the alcohol and drug sector that already play an important role in addressing homelessness. Alcohol and drug agencies and their workers deal with homelessness on a daily basis while many are not directly funded to do so. There would be few drug and alcohol service providers who would not see safe, stable and affordable housing as necessary to client outcomes. The White Paper needs to recognise the intersection between AOD, SAAP and the homelessness service sector; how homelessness affects the outcomes for AOD sector clients and the work of the AOD sector in addressing these issues.

VAADA is particularly concerned that the AOD response has not been appropriately recognised throughout the Green Paper. In Section Two, for example, alcohol and drug issues are subsumed under the banner of mental health in a section titled 'Health and Mental Health services'. While AOD and Mental Health both work with dual diagnosis clients, the Green Paper does not recognise the specialist skills, clinical interventions, policy and funding structures of the AOD sector and how these differ from the mental health sector. Each has evolved independently of the other with separate funding streams, treatment philosophies and modalities, geographical boundaries and policies. These differences need to be acknowledged and resourcing put into both service systems to enhance capacity to work with clients with a dual diagnosis.

The Green Paper states 'broadening the scope of existing co-morbidity responses would help mental health services to better identify and appropriately respond to the needs of people with co-existing mental illness and drug and alcohol problems' (Commonwealth of Australia 2008, p.42). VAADA would like to see further commitment to enhance the capacity of AOD services to respond to the needs of people with coexisting mental illness and drug and alcohol problems.

VAADA believes that alcohol and drug use and the AOD sector has not been adequately addressed in the Green Paper and would like to see drug and alcohol issues discussed more thoroughly in the White Paper. Such is the complexity and importance of the issue that VAADA believes a section of the White Paper should be dedicated to intersection between homelessness and alcohol and drug use.

### The need for specialist and mainstream responses

Many have argued that the Green Paper ignores a lot of the achievements of the SAAP and unfairly blames the program for not moving people out of crisis and into longer-term, stable housing (see for example discussions in June 2008 edition of *Parity*). There is a concern that the expertise and practice wisdom of many SAAP service providers will be lost under the proposed reform options, particularly Option One which foreshadows mainstreaming of service provision. Mainstream services may not have the capacity and expertise to deliver appropriate responses to homeless people.



VAADA therefore believes a specialist homelessness sector needs to remain and we need to build on the good work already being done by many services within the homelessness sector. At the same time though, mainstream services need to be sensitized to homelessness issues. Mainstream services have a role to play in providing support to homeless people but, as noted by Anne Touhey in the Green Paper edition of *Parity*:

A major challenge over the next few weeks will be defining the best intersection between specialist and mainstream services to safeguard the effective approaches that already exist, while making room for improvement and to continue to expand these possibilities (Tuohey 2008, p.23).

The intersection between AOD and homelessness services is discussed in more detail in the following section.

### Improving capacity for AOD and homelessness services to work collaboratively

There is also a need to establish closer links between existing SAAP services, broader homelessness services and AOD services. While it is true that homelessness services and AOD services already engage in effective partnerships; coordination and integration between services is constrained by funding and other resource issues such as staffing and time. This is true of both SAAP and non-SAAP agencies including AOD services.

There needs to be a clear commitment to address the 'silo' approach to service delivery which presently acts as a barrier to integrated care for clients. While workers within the AOD and homelessness sectors recognise that they share clients, the capacity to coordinate responses and provide holistic responses to clients is limited. A 2005 literature review of mental health and homelessness linkages undertaken for the Department of Health and Ageing, found the following general conditions essential to establishing good linkages across sectors:

- Engage with consumers and the broader community on the issues of intersectoral collaboration;
- Acknowledge that intersectoral collaboration is important at all levels of policy development;
- Provide resources that allow collaboration to develop;
- Encourage and support the development of service standards that promote collaboration;
- Support local initiatives that respond to the need to promote collaboration; and
- Promote research that examines the longer-term outcomes of different approaches to collaboration (St Vincent's Mental Health & Craze Lateral Solutions 2006, p.23).



Anecdotal feedback from AOD workers suggests that in many cases, AOD agencies rely on SAAP to address the immediate housing needs of clients but are limited in how they can work across sectors to provide longer-term responses to client's with AOD and housing problems. In this environment, clients with the most complex needs can be forced to negotiate various service systems, program requirements and service waiting lists.

Program funding allocations can be part of the problem and can work to reinforce silos between agencies and across sectors. VAADA believes one way in which this can be addressed is to fund and resource AOD and homelessness services to establish and maintain local-level partnerships and expand service integration over the longer-term. However developing genuine cross-sectoral collaboration and partnerships requires long-term investment, policy commitment and recognition of the specialist skills and experiences of both sectors. Each sector has evolved independently of the other, with independent funding structures; treatment philosophies and the like. It should not shift responsibility from one sector to another or unfairly impose the needs and concerns of one sector on the other. Local service providers also need to be involved in any decision making around partnerships and collaboration.

Moreover, collaboration across service sectors should be coupled with integrated and coordinated policy as discussed in the following section.

### The need for integrated and coordinated policy development

Fragmented policy development and planning reinforces silos and limits the capacity of services to respond to clients holistically. There is a need for coordinated policy development at both a state and national level. For instance, it is not clear how the proposed national homelessness plan will complement other national policy frameworks and reforms, some of which are outlined in the Appendix of the Green Paper.

Moreover, how will homelessness policy development link in with existing alcohol and drug policy frameworks at both a state and national level? Similarly, how can alcohol and drug policies be developed to address the needs of homeless AOD clients? For example, the recently released *National Corrections Drug Strategy 2006-2009* recognises the need to provide ongoing care and drug treatment to offenders post-release under Principle Six. It states:

Treatment should commence at the point of entry into correctional and community-based facilities and services and should continue throughout and after exit from correctional and community-based facilities and services (National Drug Strategy 2008, p.8).

Yet the strategy says little about how drug treatment outcomes may be affected by housing issues post-release. It recognises the need for partnerships with community service providers to ease the transition and re-integration process but there is no indication how this relates to housing policy for those released from correctional centres. There is a need for joined-up policy to ensure policy objectives across sectors and



departments are complementary and mutually supportive for services working with shared client groups.

## Addressing workforce development and capacity issues

Both homelessness services and AOD services employ workers with considerable expertise and practice wisdom. However, we need to provide competitive employment packages and working conditions for the community services sector which recognise the specialist skill-sets within the drug and alcohol sector and the homelessness sector. This may also go some towards addressing current recruitment and retention issues. The National Centre for Education and Training on Addiction (NCETA) found a range of factors make recruitment of new staff into the AOD field difficult, including:

- A lack of suitably qualified workers
- Inadequate salaries
- Stigma of working in the AOD field
- Lack of funding to fill vacant positions
- Lack of clear career paths and opportunities (Skinner et al 2003, p.x).

Stressful working conditions, limited opportunity for career advancement and low remuneration were among the factors thought to contribute to turnover in the AOD field (Skinner et al 2003). These issues may also be pertinent to those working in the homeless sector.

VAADA's regional consultation project in 2006 revealed concerns about sector sustainability relating to recruitment and retention of staff, relatively low salaries and barriers to accessing ongoing training, supervision and other professional development opportunities.

VAADA believes there is a need for improved investment in workforce development within the alcohol and drug sector. Investing in workforce development will further strengthen the capacity of the sector to respond to homelessness issues. However, staff attendance at and participation in workforce development and training is constrained by the associated costs and the need to back-fill staff.

Furthermore, the long-term impact of working in under-resourced, pressured and often hostile environments with complex clients provides a range of challenges that must be addressed in both the homelessness service sector and the AOD sector. There is also a need to address frustration, stress and burnout among workers. Anecdotal evidence from workers in the AOD sector suggests workers are often in the unenviable position of saying 'no' to clients when housing is unavailable and are therefore unable to provide the level of support needed or desired which leads to frustration. Feedback from service providers suggests AOD workers can face slow response times from services such housing and mental health due to service pressure, increasing demand and under resourcing.



## The need for more housing stock and better matching of housing with client needs

There is a shortage of affordable housing including private rental, community and public housing. There is an urgent need to invest in all forms of affordable housing from crisis accommodation through to short, medium and long-term housing.

We need to improve the ability for people with drug and alcohol issues to *access and sustain* appropriate housing. Practitioner feedback indicates that there is simply not enough housing to sustain people over the longer-term to address and stabilise housing issues together with alcohol and drug issues, and/or mental health issues. Without stable housing, management of alcohol and drug use or mental health issues is extremely difficult. Increasing the supply of affordable housing is a necessary first step.

Practitioners also suggest that there is a need for flexibility in how people are matched to housing; this may be particularly important for alcohol and drug clients. For instance, practitioners report that it is increasingly difficult to find appropriate housing for single males.

The Green Paper acknowledges that vulnerability to homelessness is heightened during particular life transitions such as family breakdown, retirement and leaving prison. AOD clients may be particularly vulnerable to homelessness during important life transitions including exiting prison and exiting drug treatment. Practitioners have expressed frustration with housing options for those exiting residential rehabilitation. One practitioner suggested that housing options for this client group make it very difficult to build on a person's recovery, and can undermine the recovery process and the hard work undertaken by the person during the treatment process.

'Too often' writes a practitioner from a Victorian residential rehabilitation service, 'the only option is to contact an over extended crisis accommodation service. As there are no prescribed pathways for this section of our community the most likely outcomes is a referral to a boarding house where the inevitable cycle of dependence will recommence'.<sup>1</sup> He continues, 'Recovery is a journey and many completing the programme [residential rehabilitation] are also forced to face the prospect of "homelessness"'.<sup>2</sup> While the Green Paper acknowledges vulnerability to homelessness is heightened during important life transitions, it does not recognise the transition from drug treatment back into the community. VAADA believes that this is a critical transition in an individual's life and it is vital that housing support is available to support the recovery process.

The most vulnerable and disadvantaged within this population are often those street-based drug users accessing Needle & Syringe Programs (NSPs). Workers have reported that with limited housing options available to this group, people can cycle between various forms of unstable and unsuitable housing, sleeping rough and in and out of correctional settings. Without appropriate post-release supports, these people

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<sup>1</sup> Information provided by post-residential support worker in Victoria.

<sup>2</sup> Information provided by post-residential support worker in Victoria.



move back into the same circumstances and the cycle continues. Housing and drug treatment options need to be prioritised as prisoners leave the correctional system.

The complexity of some of these issues are under consideration by the Victorian Department of Human Services under its *Because Mental Health matters* reform agenda but the outcome this reform process is yet to be determined. Any changes to national housing policy are likely to impact on state policy.

## Conclusion

This brief submission has focused quite deliberately on the nexus between drug use and homelessness. In particular, VAADA believes that any response to homelessness should:

- Recognise the complex intersection between alcohol and drug use and homelessness and the role of the AOD sector in addressing these issues
- Improve coordination and integration of policy development
- Address the 'silo' approach to service delivery and improve capacity for AOD and homelessness services to work collaboratively to address client need
- Invest in all forms of affordable housing from short-term crisis accommodation through to medium and long-term housing
- Recognise that vulnerability to homelessness is heightened during particular life transition including leaving drug treatment
- Improve the ability for AOD clients to access and sustain appropriate housing
- Better match available housing to client need. For instance, clients exiting drug treatment need access to safe, stable and appropriate housing to support their recovery.



## References

Commonwealth of Australia (2008) *Green Paper on Homelessness: Which Way Home?*, Commonwealth of Australia, Canberra.

Department of Human Services (Victoria) (2008) *Because Mental Health Matters: A new focus for mental health and wellbeing in Victoria*, Department of Human Services, Melbourne.

Hamilton, M (2001) Introduction to Pathways: Causes and Consequences – Problematic Drug Use and Homelessness, *Parity*, vol. 14, no. 8, pp.4-6.

National Drug Strategy (2008) *National Corrections Drug Strategy 2006-2009*, National Drug Strategy, Canberra.

Skinner, N., Freeman, T., Shoobridge, J. & Roche, A (2003) *Workforce development and the Alcohol and Other Drugs Field: A Literature Review of Key Issues for the NGO Sector*, National Centre for Education and Training on Addiction (NCETA), Flinders University.

Spooner, C. and Hetherington, K (2005) The social determinants of drug use, *Technical Report No. 228*, National Drug and Alcohol Research Centre, Sydney.

St Vincent's Mental Health Service (Melbourne) & Craze Lateral Solutions (2006) *Homelessness & Mental Health Linkages Review of National and International Literature*, prepared for Australian Department of Health and Ageing.

Tuohey, A (2008) 'Taking up the challenge', *Parity*, vol. 21, no.5, p.23.